STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967824	04/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alfonso's Alf Inc	17010 Sw 100 Avenue Miami, FL 33157	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial survey was conducted on . . . Alfonso's Assisted Living Facility Home had deficiencies found at the time of the visit.

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on observation, record review and interview the facility failed to ensure that 3 out 3 staff (Staff A, B and C) have obtained a minimum of 2 hours continuing education in topics pertinent to nutrition and food service on an annual basis.

The findings include:

Record review for Staff A, B and C revealed there was no documentation they had received a minimum of 2 hours continuing education, annually, in topics pertinent to nutrition and food service in an Assisted Living Facility. Staff A most recent nutrition and food service training was dated . . . . . and Staff B and C were dated . . . . . .

Interview on . . . . at about 2:45 PM Staff C confirmed they had not obtained 2 hours continuing education in topics pertinent to nutrition and food service in an ALF.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on facility record review and staff interview, the facility failed to provide a regular and therapeutic menu to be used by the facility.

The findings include:

Facility record review and observation on . . . . revealed that the facility did not have a menu posted anywhere in the facility.

Review of the facility's records on . . . . revealed there was no regular and therapeutic menu on file for review.

Interview with Staff C on . at approximately 1:30 p.m. revealed that the facility had the current menu but she could not provide it during the survey.

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Facility menu was not presented to the surveyor during the time of the visit.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview, the facility failed to ensure that resident record for Residents #1 include a copy of the written informed consent for unlicensed staff assisting the resident with the self-administration of medication.

The findings include:

Resident record review for Resident #1 did not have evidence that a written informed consent was obtain from the resident or resident's surrogate, guardian, or attorney-in-fact's.

On [redacted] at about 1:00 p.m. Staff C stated that she provides assistance with the self-administration of medication to Resident #1.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Alfonso's Alf Inc
17010 Sw 100 Avenue
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after 6/7/2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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